

Statement of Employer Payments



Date:	In Reply, Refer to Case No:
Prime:	
Subcontractor:	
PROJECT NAME:	
PROJECT CONTRACT NO.:	County/location:

HEALTH AND WELFARE

NAME OF PLAN Address, City and Zip

ADMINISTRATOR Address, City and Zip

CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR
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CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____

PENSION

NAME OF PLAN Address, City and Zip

ADMINISTRATOR Address, City and Zip

CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR
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CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____

VACATION/HOLIDAY

NAME OF PLAN Address, City and Zip

ADMINISTRATOR Address, City and Zip

CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR
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CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____

TRAINING

NAME OF PLAN Address, City and Zip

ADMINISTRATOR Address, City and Zip

CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR
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CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____

IF YOU USE OTHER PLANS NOT LISTED ABOVE, YOU MAY USE THE BACK OF THIS FORM TO PROVIDE THIS ADDITIONAL INFORMATION